



John Elias Baldacci
Governor

Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention (Formerly Bureau of Health)

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REPORTING REQUIREMENTS

A person who owns or operates a system shall make reports to the Department as follows:

A. FAILURE TO COMPLY

Except as provided by other reporting sections in the State of Maine Rules Relating to Drinking Water at 10-144 Chapter 231 et seq. and National Primary Drinking Water Regulations at 40 CFR 141.1 and 142.1 et seq, all public water systems must report any failure to comply with the rules and regulations, including the failure to monitor, within forty-eight (48) hours of the failure unless the Department has performed the analysis and reported the results.

B. ANALYSIS REPORTING

Unless a shorter period is specified, the results of tests, measurements, and analyses required by Sections 7, 8 and 9 of these regulations shall be reported by the tenth day of the month following the month in which the samples were analyzed.

C. MONTHLY REPORT TO DEPARTMENT

1. Each community system serving municipalities and/or Districts shall file a monthly operating report with the Department no later than the tenth day of each month. The reports shall be made on forms provided or approved by the Department and shall include, but not be limited to: records of daily test results, daily water production and usage, daily chemical usage, any change in normal treatment procedure, and other pertinent information.
2. All public water systems which are not included in Section (6)(C)(1) that add chemicals on a continuous basis shall submit monthly reports on forms provided by or approved by the Department or via electronic means as approved by the Department. These monthly reports shall include but not be limited to: records of daily test results, daily chemical usage, any change from the normal treatment procedure, and any other pertinent information. Based upon the complexity, size, and compliance history, the Department may reduce a public water system's daily monitoring requirements but in no case shall it be reduced to less than twice a week.

MAINE DRINKING WATER SAMPLING WORKSHEET

This worksheet is for water system use only. Retain for your records.

	1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
	January	February	March	April	May	June	July	August	September	October	November	December
Total Coliform (Bacteria) ^(a,b,c)												
Date Kit Received:												
Date Sampled:												
Sample Number												
Sample Results:												
Nitrates ^(d)												
Date Kit Received:												
Date Sampled:												
Sample Number												
Sample Results:												
Other ^(a)												
Date Kit Received:												
Date Sampled:												
Sample Number												
Sample Results:												
Notes:												
a) Samples must be collected within the prescribed sampling schedule and the results reported to the State by the 10th of the following month.												
b) If more than one bacteria sample (routine and/or repeat) in a month is total coliform positive, you must notify the State by the end of the next business day and the public within 30 days.												
c) If ANY sample tests positive for fecal coliforms or E. coli you must notify the State THE DAY YOU RECEIVE THE RESULTS (or the next day the State office is open).												
d) If ANY chemical or radiological test (i.e. arsenic, uranium, etc.) exceeds the Maximum Contaminant Level (MCL), then you are required to notify the Drinking Water Program immediately.												
				For questions or further information, contact the Maine Drinking Water Program at 287-2070.								